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| PATENT APPLICATION FEE DETERMINATION RECORD<br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                    |               |           | Application or Docket Number<br><b>09/738,325</b> |                                          | Filing Date<br><b>12/18/2000</b> |                         | <input type="checkbox"/> To be Mailed |       |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|-----------|---------------------------------------------------|------------------------------------------|----------------------------------|-------------------------|---------------------------------------|-------|-------|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                    | (Column 2)    |           |                                                   | SMALL ENTITY <input type="checkbox"/> OR |                                  | OTHER THAN SMALL ENTITY |                                       |       |       |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                       | RATE (\$)     | FEE (\$)  | OR                                                | RATE (\$)                                | FEE (\$)                         |                         |                                       |       |       |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                               | N/A                                                                                                                                                                                                                           | N/A                                | N/A           |           |                                                   | N/A                                      |                                  |                         |                                       |       |       |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                              | N/A                                                                                                                                                                                                                           | N/A                                | N/A           |           |                                                   | N/A                                      |                                  |                         |                                       |       |       |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                         | N/A                                                                                                                                                                                                                           | N/A                                | N/A           |           |                                                   | N/A                                      |                                  |                         |                                       |       |       |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                  | minus 20 =                                                                                                                                                                                                                    | •                                  | X \$ =        |           | OR                                                | X \$ =                                   |                                  |                         |                                       |       |       |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                            | minus 3 =                                                                                                                                                                                                                     | •                                  | X \$ =        |           |                                                   | X \$ =                                   |                                  |                         |                                       |       |       |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                 | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       | TOTAL | TOTAL |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                    | (Column 2)    |           |                                                   | SMALL ENTITY OR                          |                                  | OTHER THAN SMALL ENTITY |                                       |       |       |
| 12/11/2006                                                                                                                                                                                                                                                                                                                                                                                                        | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDITIONAL FEE (\$)                               | OR                                       | RATE (\$)                        | ADDITIONAL FEE (\$)     |                                       |       |       |
| Total (37 CFR 1.18(i))                                                                                                                                                                                                                                                                                                                                                                                            | • 9                                                                                                                                                                                                                           | Minus                              | • 20          | X \$ =    |                                                   | OR                                       | X \$50=                          | 0                       |                                       |       |       |
| Independent (37 CFR 1.18(h))                                                                                                                                                                                                                                                                                                                                                                                      | • 1                                                                                                                                                                                                                           | Minus                              | • 3           | X \$ =    |                                                   | OR                                       | X \$200=                         | 0                       |                                       |       |       |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| TOTAL ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                    |               | OR        |                                                   | TOTAL ADD'L FEE                          |                                  | 0                       |                                       |       |       |
| 10-10-07 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| Rex                                                                                                                                                                                                                                                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDITIONAL FEE (\$)                               | OR                                       | RATE (\$)                        | ADDITIONAL FEE (\$)     |                                       |       |       |
| Total (37 CFR 1.18(i))                                                                                                                                                                                                                                                                                                                                                                                            | • 5                                                                                                                                                                                                                           | Minus                              | • 20          | X \$ =    |                                                   | OR                                       | X \$ =                           |                         |                                       |       |       |
| Independent (37 CFR 1.18(h))                                                                                                                                                                                                                                                                                                                                                                                      | • 1                                                                                                                                                                                                                           | Minus                              | • 3           | X \$ =    |                                                   | OR                                       | X \$ =                           |                         |                                       |       |       |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |
| TOTAL ADD'L FEE                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                    |               | OR        |                                                   | TOTAL ADD'L FEE                          |                                  |                         |                                       |       |       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                               |                                    |               |           |                                                   |                                          |                                  |                         |                                       |       |       |

Legal Instrument Examiner:  
Vikki Short

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.